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appropriate. All further indicated unless correcte maintenance fee notifical	d below or directed oth	ng the Patent, advance on herwise in Block I, by (s	i) specifying a new corres	pondence address; and	or (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				s) Transmittal. This cer ers. Each additional par	dilicate cannot he used to	r domestic mailings of the or any other accompanying nt or formal drawing, must
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BELLEVUE, W	A 98004			Shannon La	liberte /s	(Depositor's name)
			T	Shanna	a lavebet	(Signature)
				November 1	5, 2010	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	· AT	FORNEY DOCKET NO.	CONFIRMATION NO.
10/718,492	11/20/2003		Christopher C. Toly	Christopher C. Toly		8227
TITLE OF INVENTION	: MEDICAL PHYSIOL	OGICAL SIMULATOR	NCLUDING A CONDUC	TIVE ELASTOMER L	AYER	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/19/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MUSSELMAN, TIMOTHY A 3715  1. Change of correspondence address or indication of "Fee Address" (37)			434-267000			
Address form PTO/SI	ication (or "Fee Address 2 or more recent) attact	" Indication form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	less an assignee is ident h in 37 CFR 3.11. Com		THE PATENT (print or type data will appear on the part of the part	atent. If an assignee is assignment.		ocument has been filed for
Please check the appropr	iate assignce category or	categories (will not be p	rinted on the patent):	Individual Corpor	ation or other private gro	oup entity Government
4a. The following fee(s)  Lessue Fee  Description Fee (N)  Advance Order	o small entity discount		Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-1940 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claims.					NTITY status. See 37 Cl	FR 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if requested of the United St	uired) will not be accepte ates Patent and Trademark	ed from anyone other than t	he applicant; appping	den en skrikken og de	GGS iPP941 oth TOP184 92
Authorized Signature	. 80	Znoler	son	01 FC: Date <u>Novem</u>	1504 300.00 ber 15, 201	
Typed or printed name	e Ronald M	. Anderson		Registration No.	28,829	
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